Cannabis Research Review Board Meeting Minutes

Tuesday January 9, 2024, 9:00am-11:00am

This meeting was held virtually.

This meeting was recorded. An audio copy of this recording can be found on the Utah Public Notice Website (https://www.utah.gov/pmn/).

Visit the Board's website for more information on past meeting minutes and agendas (https://medicalcannabis.utah.gov/).

Attendees

Board members attending: Matthew McIff, MD, Michael Moss, MD, Russell H. Cashin, Ph.D., Misty Smith, Ph.D., and Melissa M. Chan, MD

DHHS staff attending: Trevor Eckhoff, Thomas Togisala, Jeremiah Sniffin, Rich Oborn, Abigail Hodgson, Lauren Heath, Sara Lealos, and Sarah Dash

Agenda

1. Welcome

Dr. Cashin acknowledged that there was a quorum so the meeting could proceed at approximately 9:02am.

2. Board approval of October 2023 minutes

Dr. McIff asked the board if there were any proposed changes to the October 2023 minutes by the board. There were no changes proposed. Dr. Smith motioned to approve the minutes and Dr. Cashin seconded the motion. The board voted unanimously to approve the October 2023 minutes.

3. Approval of final draft for Ulcerative Colitis/Crohn's document

Dr. McIff asked the board if there were any proposed changes to the final draft for the <u>Ulcerative Colitis and Crohn's recommendation</u> document by the board. There were no changes proposed and Dr. Cashin motioned to approve the additions with Dr. Smith seconding the motion. The board voted unanimously to approve the document.

The board also discussed means of disseminating the updated document to medical providers and other relevant stakeholders.

4. Public board training

Mr. Sniffin from the Department of Health and Human Services (DHHS) gave <u>training</u> on public board member conduct. The training included:

- What is a public board?
- What is a meeting?
- What is a quorum?
- What is a closed meeting?
- Public notice requirements
- Robert's Rules of Order
- Tips
- Resources

5. Patient assessment screening tool

Dr. McIff shared a <u>Cannabis Therapy Patient Assessment Tool</u> document that he created with the board. The purpose of the document is to help medical providers who are new to the process of recommending cannabis as a treatment for patients. The document includes direction for medical providers in the following areas:

- Qualifying condition
- Absence of contraindications
- Age and experience
- Experience with other controlled substances, treatments, and medicine
- Mindset about cannabis and willingness to be objective
- Ability to self-evaluation, calculate dose, and journal effects
- Realistic expectations
- Set goals for therapy
- Well-known to the provider and good communication

The board discussed the following about the document:

- The need to discuss the document with the University Of Utah's Center for Medical Cannabis Research. Valerie Ahanonu from the University of Utah's Center for Medical Cannabis Research stated that she would assist the board in disseminating information to the public, as well as to medical providers.
- Dr. Smith noted that there should be an addition of interaction of cannabis with other pharmaceuticals.
- The board also discussed means of disseminating the updated document to medical providers and other relevant stakeholders.
- Discussions of sending out an email to medical providers from the Cannabis Research Review Board (CRRB) each year outlining the updated recommendations from the board.

6. Review and discuss memo to MCPAB

Dr. Smith discussed updates from the Medical Cannabis Research Review Board (MCPAB) meeting held in December. She shared highlights that included:

- The desire for MCPAB and CRRB board members to work together in recommending dosage forms of cannabis, as well as changes to qualifying conditions, to lawmakers.
- The difficulties in making cannabis treatment recommendations when there is an absence of clinical trials to review on this topic.
- The need to send out CRRB's recommendation documents to the MCPAB as well as the Compassionate Use Board (CUB).
- The absence of a Qualified Medical Provider (QMP) or a mental health expert on the MCPAB currently.
- The vote by the MCPAB to not change the current qualifying conditions list.

Dr. Moss also shared an update on the <u>CMC API with OME and Poison Control</u> memo. The memo includes information on:

- Background
- Analysis
- Examples of other cannabis-adverse reporting
- Patient impact
- Industry impact
- Options

The board took the the following action:

 Vote: Consider the <u>CMC API with OME and Poison Control</u> memo as a recommendation to the MCPAB

- o Motioned: Dr. Smith
- o 2nd: Dr. Cashin
- The board voted unanimously to approve recommendation of the memo to the MCPAB

7. Research and Education updates

Ms. Dash gave an update to board members of the DHHS Center for Medical Cannabis' (CMC) research, outreach, and education efforts. Ms. Dash included the updates in the newsletter sent out to stakeholders from the CMC. Mr. Oborn requested board members make suggestions to DHHS staff of groups that would be interested in an educational presentation from board members or DHHS employees.

8. Board comment

The board discussed the following items:

• Upcoming legislative session updates and bills related to the CRRB

9. Public comment

The following comments were made by the public:

 Dr. Mark Viner commented that he appreciates Ms. Heath's reports, but that there should be a highlight on the types of cannabis that are used in the studies cited. He noted that the patient assessment form should include pre-pregnancy planning, direct acting oral coagulants, and adding information about non-competent patients. Finally, he stated that he would be happy to present on psychosis for board members at any time.

The board discussed the following on the public comments made:

- Dr. McIff commented that he agreed with Dr. Viner on highlighting the types of cannabis used in studies that are referenced.
- Dr. Cashin also agreed with Dr. Viner and Dr. McIff. He also noted that studies often don't note the type of cannabis used.
- Dr. Smith commented that there should be a recommendation from CRRB to MCPAB on improving access to medical cannabis products to be researched and discussed.
- Board members discussed the needs of medical cannabis patients and their desire to have consistency in their treatments.

• Board members discussed issues in data analysis and holes in current medical cannabis research, and the need to give information to medical providers on treatment forms and absorption rates.

10. Adjourn

Dr. Smith motioned to adjourn the meeting and Dr. Cashin seconded the motion. The board voted unanimously to end the meeting, and the meeting ended at approximately 10:38am.